

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002561

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 2-4

Primary Registration District No. 5779

Registrar's No. 5

**FILED FEB 1 1963**

VS 300  
Rev. 4/59

106-60

306-60

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4 1

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9350X

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12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Eldon</b>		c. CITY OR TOWN <b>Eldon</b>	
Length of stay in 1b <b>years</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 3</b>		d. STREET ADDRESS (If outside, give location) <b>Rt. 3</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Marie</b> Last <b>Brennan</b>		4. DATE OF DEATH Month <b>January</b> Day <b>28</b> Year <b>1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/1/79</b>
9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>12</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Belleville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Caleb Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Grindrod</b>	
14. NAME OF HUSBAND OR WIFE <b>Robert Brennan</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>no</b>	
16. SOCIAL SECURITY NO. <b>336</b>		17. INFORMANT <b>Mrs. Cleora Powell, Eldon, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Parkinson's disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Cerebrovascular Changes</b> DUE TO (b) <b>Cerebrovascular Changes</b> DUE TO (c) <b>12 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1</b> a.m. <b>1</b> p.m. Month, Day, Year <b>1</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>1951</b> to <b>Jan 28 '63</b>	
21. I attended the deceased from <b>1951</b> to <b>Jan 28 '63</b> and last saw her alive on <b>Jan 22 1963</b> Death occurred at <b>Jan 22 1963</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>Jan 29 '63</b>	
22a. SIGNATURE <b>E. O. Shelton M.D.</b>		22b. ADDRESS <b>Eldon Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>1/30/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Eldon</b>		23d. LOCATION (City, town, or county) (State) <b>Eldon, Missouri</b>	
24. FUNERAL DIRECTOR <b>Phillips Funeral Home, Eldon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 30, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Calderon W. Walt</b>			

FEB 5 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Don E. Phillips*

Licensed Embalmer No. 5108

P. O. Address Eldon

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.